

Taking traditional knowledge to the market

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In February 2002 the Arya Vaidya Sala, a manufacturer of Ayurvedic medicines, celebrated its centenary. On this occasion the provincial town of Kottakkal, situated in the hills of Kerala a few hours drive from the coastal city of Calicut (Kozhikode), was flooded with three thousand invitees. Among them were key figures from the Ayurvedic world such as Devendra Triguna, the chairman of the All India Ayurvedic Congress, and Ashok Vaidya, a renowned pharmacologist by training, scientific advisor to a large Ayurvedic company, and head of the Mumbai branch of the Centre for Indian World Culture. The Union Minister of Health and Family Welfare, C.P. Thakur, and M. M. Joshi, the Union Minister of Science, Technology and Human Resource Management added lustre to the occasion. People were honoured for their achievements in the field of Ayurveda and the gathering certainly had a national ring to it. In between the speeches and the distribution of awards to people who had provided ‘service to Ayurveda’, Indian classical music was played. Many of those present had travelled hundreds or even thousands of miles to celebrate that exactly one hundred years previously P.S. Varier had started the industrial production of Ayurvedic formulas in a small building that still stands on the premises of one of the factories of the company.

The size of the Arya Vaidya Sala does not justify the fact that its centenary was celebrated as a national event. With a turnover of US\$16 million and 600 employees the firm is relatively small. At stake though, was the status of Ayurveda and the construction of a national Indian identity that includes both tradition and modernity. In many speeches the superiority of Indian medicine and culture was juxtaposed with Western medical materialism and commercialism. P.S. Varier, the founder of the Arya Vaidya Sala, was presented as a cultural hero. Varier was a medical broker and a moderniser of tradition. Trained in both Ayurveda and Western medicine he freely made use of modern technology and the modern medical insights of his times. When he began the production of Ayurvedic medicines at the beginning of the 20th century, Varier had to deal with criticism from the Ayurvedic authorities of his time who opposed the industrial production of Ayurvedic formulas on epistemological and technical grounds. These Ayurvedic purists argued that standardisation of medicines contradicts the individual approach of Ayurveda and that the use of modern production and preservation techniques violates what has been written in the Ayurvedic canons. In short, according to these *pandits* (cultural authorities) the large scale production of indigenous medicines, the standardisation it involves, and the need for conserving the medicines to extend their shelf life, is an unwanted diversion from the tenets of Ayurveda.¹

Medicines and identity

In many of the speeches given at the centenary, Ayurveda was presented as the antipode of Western medicine. This Indian medical tradition was contrasted with its Western counterpart frequently criticised for its ‘unbridled commercialism’ and side-effects. “One man’s illness should not be another man’s celebration” was how one of the keynote speakers at the centenary expressed this to me in an interview I had with him in 1996. Repeatedly high consultation fees and unnecessary use of expensive diagnostic tests are given as proof of the assumed money mindedness of Western medicine. According to the Ayurvedic practitioners and managers working for Ayurvedic manufacturers that I interviewed, Western medical treatment is like “shovelling dust under the carpet” and can be compared to “printing money in times of inflation, an activity that makes the problem worse.” In contrast, *vaidyas* (Ayurvedic physicians) are represented as redeemers of physical and mental suffering. Western medicine and science are seen as exploitive, while Indian knowledge traditions such as Ayurveda are said to advance somatic, social, psychological and spiritual well-being. Ayurveda is associated with the non-violence ascribed to the Buddhist emperor Asoka - under whom India was united for the first time in the 1st century B.C. - and M. K. Gandhi, the father of the nation.

In India, Western medicine is linked to exploitation and material gain at the expense of health and well being of the society and its individuals. Other oppositions that are used to describe Western versus Indian medicine are nature’s exploitation versus ecological awareness, outside versus inside, and materialism versus spirituality. Indeed, India’s medical traditions share in the good, truth and beauty ascribed to tradition.

The commodification of Asian medicine

I visited the Arya Vaidya Sala, along with other large Ayurvedic and Unani manufacturers in India, during the period from 1996 to 2002. I analysed Indian medicine as a commercial activity and looked at two Indian medical traditions - Ayurveda and Unani Tibb - through the lens of the Indian indigenous medical industry and its products.² My main interest was in the ways the logic of the market has shaped, constrained and transformed Ayurvedic and Unani Tibb. I discovered that nowadays approximately 90% of the Ayurvedic and Unani formulas produced are over-the-counter brands that are marketed to urban middle class consumers. I analysed the advertisements and promotional materials of the manufacturers under investigation and spoke extensively to their marketing personnel. Three marketing themes emerged from this exercise: tradition, modernity and nature. Ayurvedic and Unani medicines are sold as curative and promotive natural remedies that are both modern and traditional at the same time. These substances are linked to the hey-

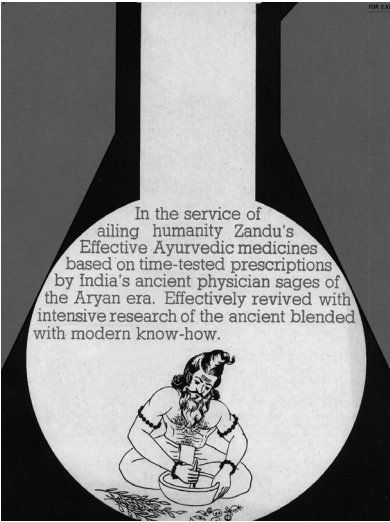
days of Indian civilisation and a humane approach to medicine. At the same time large Ayurvedic and Unani manufacturers use modern science and technology to create a competitive edge and distance themselves from the image of backwardness that also clings to Indian medical traditions. Modern pharmacological research data is used to promote the quality and effectivity of their products. This does not undermine the ‘Indianness’ of their medicines, because manufacturers denied the epistemological differences between biomedicine and Indian medicine and ignored the fact that modern pharmacology has its origin in Europe.³

The study of medicines and its manufacturers has a lot to offer to social-cultural studies of Asian medical traditions such as Ayurveda, Traditional Chinese Medicine, Tibetan Medicine, to mention the ones that are best known in the West. As I have illustrated, medicines can be vehicles of ideology and identity construction. In other social contexts medicines perform different functions. For example, in the consultation room of a physician, medicines facilitate and steer the professional transformation of non-well-being into a disease entity, which in turn suggests treatment. In the context of the family, however, buying a medicine for a relative can emit a message of love and care. In the modern laboratory Indian medicines are expected to generate proof of their efficacy in terms of contemporary pharmacological explanatory models. Within a religious and traditional framework Ayurvedic and Unani medicines are seen as gifts of the *rishis* (seers) or *tabibs* (Muslim scholars) to ailing humanity and it is said that their medical effect is enhanced by the superior moral status of their designers and dispensers. Finally, on the price lists of manufacturers, Ayurvedic and Unani medicines have become objects of trade and earners of profit.

Pharmaceutical anthropology as analytic framework

Considering the prominence of therapeutic drugs for the practice and image of contemporary Asian medical traditions, one wonders why anthropologists and social historians working on Asian medical traditions have largely ignored medical substances. A bias towards notions and ideas, as well as fear of the theoretical and technical aspects of drug designing and manufacturing, might have deterred them from the study of medical substances. This is a pity as for almost 20 years there has been an analytic framework for investigating the social-cultural aspects of medicines. The first anthropological volume that made medicines its central object of study appeared in 1988 under the title *The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology*.⁴ Medicines, the authors tell us, represent cultural ideas about health and well-being and offer strategies to deal with illness. Medicines are good to think and to act with. Their concreteness puts structure upon the ‘untidy’ and uncertain

The seer in the test tube symbolises the coming together of tradition and modernity. The image is from a brochure of Zandu Pharmaceutical Works Ltd., one of the largest manufacturers of Ayurveda medicines. The brochure dates from the end of the 1980s or the beginning of the 1990s.



Notes:

- 1 The Arya Vaidya Sala is one of approximately 7,500 Ayurvedic manufacturers with a total turnover in 2002 of about US \$900 million. Nowadays Ayurvedic medicines are marketed as natural remedies against common discomforts such as indigestion, cough, muscle pain, headache, pimples and rashes, menstrual irregularities, whitish discharge, post partum and menopausal ailments. Increasingly, Ayurvedic medicines are purchased by urban middle class consumers for the treatment of ‘modern’ ailments like diabetes, arthritis, Alzheimer’s and Parkinson’s disease, heart conditions, obesity, high cholesterol levels and high blood pressure. A variety of tonics, ‘to boost the immune system’, is another important class of Ayurvedic medical products.
- 2 Unani or Unani Tibb (literally ‘Greek medicine’) is the term used in South Asia for Greek-Arabic medicine, a humoral pathology that is traced back to Hippocrates and Muslim scholarship of the first millenium.
- 3 Maarten Bode. 2004. Ayurvedic and Unani Health and Beauty Products: Reworking India’s Medical Traditions. Unpublished PhD thesis, University of Amsterdam.
- 4 Sjaak van der Geest & Susan Whyte (eds.). 1988. The Context of Medicines in Developing Countries. Studies in Pharmaceutical Anthropology. Dordrecht: Kluwer Academic Publishers.
- 5 Sjaak van der Geest, Susan Whyte, & Anita Hardon. 1996. ‘The Anthropology of Pharmaceuticals: A Biographical Approach.’ Annual Review of Anthropology, pp. 153-78.
- 6 Arjun Appadurai. 1986. ‘Introduction: Commodities and the Politics of Value.’ Arjun Appadurai, ed. 1986. The Social Life of Things: Commodities in Cultural Perspective. Cambridge: Cambridge University Press, pp. 3-63.

The description of the centenary of the Ayurvedic manufacturer comes from my forthcoming book Taking Tradition Knowledge to the Market: the Modern Image of the Ayurvedic and Unani Industry (Orient Longman 2008), which is based upon ethnographic research among large Ayurvedic and Unani manufactures in India during the period 1996-2002. In this book I look at two Indian medical traditions, Ayurveda and Unani Tibb through the lens of the Indian indigenous medical industry and their products, and highlight Indian medicine as a commercial activity. As far as I am aware, Taking Tradition Knowledge to the Market is the first book that highlights Indian medicine as a commercial activity and applies the insights of pharmaceutical anthropology to analyse the modernisation and commodification of traditional medical knowledge.

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